

CIVILIAN PERFORMANCE PLAN**PRIVACY ACT STATEMENT**

Authority: 10 U.S.C. 8013 and Executive Order 9397.

Purpose: The social security number is needed to correctly identify the employee.

Routine Use: This information may be disclosed to another agency if the employee transfers to another agency.

Disclosure is Voluntary: However, without it, it may affect the ability to accurately identify the employee and the records.

EMPLOYEE'S NAME (Last, First, Middle Initial) CHARGE, IMA N.	SSN 111-11-1111	PAY PLAN GG	SERIES 0343	GRADE 12
POSITION TITLE PROGRAM ANALYST		ORGANIZATION HQ ORG/OFFICE		

Performance plans define expectations for employees based on position requirements. They may be written as part of a core personnel document (CPD) or standard core personnel document (SCPD) and may be tailored at local discretion to meet mission needs, provided the changes do not impact the classification (pay plan, title, series, grade) of the position. This form, the AF Form 860, may also be used to record performance plans not covered by a CPD/SCPD. The performance plan is a result of a thorough review of position requirements and any oral or written input from the employee.

At least one critical element addressing individual performance must be included in the performance plan, but more may be necessary (normally not more than 7).

Performance standard(s) must be developed for each performance element, defining at least acceptable performance. They may address characteristics of performance such as quality, quantity, timeliness or work behaviors.

Include the performance elements and standards in Part I. If more room is needed, use a separate sheet. Once the plan is approved by the reviewing official, the rating official should discuss performance elements and standards contained in the plan with the employee. Provide the employee a copy of the plan. This form is retained for four years.

I. PERFORMANCE PLAN

1E. Represents our organization at conferences, presents briefings, and works with and through other people.

1Sa. Briefings are clear, concise, technically accurate, and presented in a professional manner. Responses to questions reflect understanding of the material and how it impacts management processes.

1Sb. Works in a constructive and harmonious manner with conference participants and members of own and other organizations. Represents the organization by being positive and promoting effective working relationships.

2E. Manages program(s) work in support of mission requirements.

2Sa. Continuously evaluates program to assess weaknesses and identify needed improvements. Develops improvement plans that are relevant and well-researched with attainable goals. Ideas for improvement are made on a regular basis and are usually accepted by management.

2Sb. Develops and prioritizes program goals and objectives that contribute to mission accomplishment. Periodically reviews progress toward meeting established goals and objectives and effects actions necessary to meet them.

2Sc. Normally coordinates program direction with other offices that affect or are affected by the organization.

2Sd. Normally informs supervisor of problems as they occur.

3E. Protects classified information.

3S. Demonstrates sound security practices for ensuring the safeguarding of classified information.

EMPLOYEE'S NAME (Last, First, Middle Initial) CHARGE, IMA N.	SSN 111-11-1111	PAY PLAN GG	SERIES 0343	GRADE 12

II. PERFORMANCE PLAN CERTIFICATION

The following signature blocks should be signed at the beginning of each appraisal period, within 30 days of the employee's assignment, or upon any formal change to this plan.

NAME, GRADE, DUTY TITLE, AND SIGNATURE OF RATING OFFICIAL (Supervisor)		PHONE #	DATE (YYYYMMDD)
WANTIT YESTERDAY, Chief, Quality Control Branch		999-0000	20010706
APPRaisal PERIOD		NAME, GRADE, DUTY TITLE AND SIGNATURE OF REVIEWING OFFICIAL	DATE (YYYYMMDD)
		DEMANDS A. LOT, Col, USAF	20010706
FROM	TO	SIGNATURE OF EMPLOYEE (Receipt acknowledged. Signature does not indicate agreement or disagreement.)	DATE (YYYYMMDD)
20010401	20020331		
NAME, GRADE, DUTY TITLE, AND SIGNATURE OF RATING OFFICIAL (Supervisor)		PHONE #	DATE (YYYYMMDD)
APPRaisal PERIOD		NAME, GRADE, DUTY TITLE AND SIGNATURE OF REVIEWING OFFICIAL	DATE (YYYYMMDD)
FROM	TO	SIGNATURE OF EMPLOYEE (Receipt acknowledged. Signature does not indicate agreement or disagreement.)	DATE (YYYYMMDD)
NAME, GRADE, DUTY TITLE, AND SIGNATURE OF RATING OFFICIAL (Supervisor)		PHONE #	DATE (YYYYMMDD)
APPRaisal PERIOD		NAME, GRADE, DUTY TITLE AND SIGNATURE OF REVIEWING OFFICIAL	DATE (YYYYMMDD)
FROM	TO	SIGNATURE OF EMPLOYEE (Receipt acknowledged. Signature does not indicate agreement or disagreement.)	DATE (YYYYMMDD)